

US OFFICE PRISTINA - US CITIZEN REGISTRATION FORM

**** PLEASE ATTACH A COPY OF THE FIRST PAGE OF YOUR PASSPORT AND RETURN TO THE US OFFICE ****

Forms may be faxed to +381-38-548-614 or E-mailed with a scanned copy of your passport to: consularpristina@state.gov

Name: _____

Date of Birth: _____ Place of Birth: _____

U.S. Passport Number: _____ Date/Place of Issuance: _____

Address in Kosovo (including city) _____

Office Phone(s) in Kosovo: _____ Fax: _____

Home Phone in Kosovo: _____ E-mail: _____

Purpose of Visit: (choose one) private / contract / student / clergy / NGO / other /

Employer _____

Date of your planned departure from Kosovo: _____

Accompanying Members of the Family: _____

(Name) (Passport No.) (Citizenship)

(Name) (Passport No.) (Citizenship)

US Address _____ City: _____

State: _____ Zip: _____ Telephone in the US. _____

In emergency notify: _____ Relationship: _____

At (address) _____ City: _____ State: _____ Zip: _____

Phone(s): _____ E-mail: _____

PRIVACY ACT RELEASE FORM

Department of State, US Office Pristina

In accordance with the Privacy Act (PL93-579) passed by Congress in 1974, the US Office Pristina cannot release any information regarding you that is not in the public domain to anyone without your written consent except as set forth in the Act. Therefore, it is requested that you complete the authorization below specifying whom the US Office Pristina may contact and release information to with regard to your case.

I do hereby authorize the US Office Pristina and the Department of State to release information pertaining to me the emergency contact above, to the designated Emergency Notification and Evacuation Planning Coordinator and to the following:

A) Names and addresses of persons you wish the US Office Pristina to contact:

B) In the event other person(s) request information regarding my case, information can be released to the following:

ALL SOME NONE (Note: if you choose SOME, please specify)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Media
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Congress
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal Representative
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____

(Information will not be released under B if your authorization is not given.)

Date: _____ Signature: _____